

AUG 7 1941 875

Registration District No. _____

Primary Registration District No. 3039

Registrar's No. 231

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nevada City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community 34 years years, months or days)

3. (a) PRINT FULL NAME John Oliver Mahler

3. (b) If veteran, name was No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jessie Mahler 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased Nov. 18 1904 (Month) (Day) (Year)

8. AGE: Years 36 Months 8 Days 6 If less than one day hr. _____ min. _____

9. Birthplace Lawrence Nebraska (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name George B. Mahler

13. Birthplace Unknown / Indiana (City, town, or county) (State or foreign country)

14. Maiden name Mary E. Brown

15. Birthplace Shelbyville Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mahler E. Mahler

(b) Address Metz Missouri

17. (a) Burial (b) Date thereof Jul. 27 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Bulltown Cemetery

18. (a) Signature of funeral director Kings Funeral Service

(b) Address Nevada Mo

19. (a) 7-25-41 (b) Allen H. King (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
(c) City or town Rich Hill R.F.D. #2 (If outside city or town limit, write "RURAL")
(d) Street No. ✓ (If rural, give location) 0
(e) If foreign born, how long in U. S. A. ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1941 hour 8 minute 43 P. M.

21. I hereby certify that I attended the deceased from July 18, 1941, to July 24, 1941, that I last saw him alive on July 24, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Paralytic pleuro Duration 4 days

Due to Ruptured appendix 7 days

Due to _____

Other conditions (Include pregnancy within 3 months of death) 121.1

Major findings: Of operations Ruptured appendix Of autopsy peritonitis

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) _____ (County) _____ (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place) _____ (e) Means of injury _____

23. Signature [Signature] (M. D. or other) 0
Address Nevada Mo Date signed 7-26-41

RECEIVED

DEPT. OF HEALTH - OFFICE NO. 1

District File Number 8-41-1226

Date Filed 8-5-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Allen V. Kays

Licensed Embalmer No. 1968

P. O. Address Nevada, N.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.